

County: Sheboygan  
SHEBOYGAN PROGRESSIVE CARE  
1902 MEAD AVENUE

Facility ID: 4100

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SHEBOYGAN 53081 Phone: (920) 458-8333  
Operated from 1/1 To 12/31 Days of Operation: 365  
Operate in Conjunction with Hospital? No  
Number of Beds Set Up and Staffed (12/31/03): 120  
Total Licensed Bed Capacity (12/31/03): 146  
Number of Residents on 12/31/03: 118

Ownership:  
Highest Level License: Skilled  
Operate in Conjunction with CBRF? No  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Average Daily Census: 115

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%	
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		16.1	
Supp. Home Care-Personal Care	No					1 - 4 Years		43.2	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	13.6	More Than 4 Years		11.0	
Day Services	No	Mental Illness (Org./Psy)	16.9	65 - 74	9.3				
Respite Care	No	Mental Illness (Other)	5.9	75 - 84	41.5			70.3	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.8	85 - 94	34.7	*****			
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.7	95 & Over	0.8	Full-Time Equivalent			
Congregate Meals	No	Cancer	0.8			Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures	9.3		100.0	(12/31/03)			
Other Meals	No	Cardiovascular	8.5	65 & Over	86.4				
Transportation	No	Cerebrovascular	6.8			RNs		5.9	
Referral Service	No	Diabetes	0.0	Gender	%	LPNs		7.8	
Other Services	No	Respiratory	19.5			Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	29.7	Male	37.3	Aides, & Orderlies			
Mentally Ill	No			Female	62.7				
Provide Day Programming for			100.0						
Developmentally Disabled	No				100.0				

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#### Method of Reimbursement

		Medicare (Title 18)			Medicaid (Title 19)			Other		Private Pay			Family Care		Managed Care					
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	21	100.0	269	68	97.1	120	0	0.0	0	24	100.0	176	0	0.0	0	3	100.0	255	116	98.3
Intermediate	---	---	---	2	2.9	101	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	1.7
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	21	100.0		70	100.0		0	0.0		24	100.0		0	0.0		3	100.0		118	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total Number of
Private Home/No Home Health	14.0	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.8	66.1	33.1	118
Other Nursing Homes	1.8	Dressing	11.9	69.5	18.6	118
Acute Care Hospitals	82.4	Transferring	25.4	47.5	27.1	118
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	15.3	53.4	31.4	118
Rehabilitation Hospitals	0.0	Eating	63.6	26.3	10.2	118
Other Locations	1.8	*****				
Total Number of Admissions	222	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	10.2	Receiving Respiratory Care		4.2
Private Home/No Home Health	40.9	Occ/Freq. Incontinent of Bladder	59.3	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	2.3	Occ/Freq. Incontinent of Bowel	39.0	Receiving Suctioning		0.0
Other Nursing Homes	9.5			Receiving Ostomy Care		3.4
Acute Care Hospitals	6.8	Mobility		Receiving Tube Feeding		6.8
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	1.7	Receiving Mechanically Altered Diets		5.9
Rehabilitation Hospitals	0.0					
Other Locations	3.2	Skin Care		Other Resident Characteristics		
Deaths	37.3	With Pressure Sores	6.8	Have Advance Directives		45.8
Total Number of Discharges		With Rashes	4.2	Medications		
(Including Deaths)	220			Receiving Psychoactive Drugs		50.0

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Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	78.8	86.2	0.91	87.6	0.90	88.1	0.89	87.4	0.90
Current Residents from In-County	83.1	78.5	1.06	83.0	1.00	82.1	1.01	76.7	1.08
Admissions from In-County, Still Residing	19.8	17.5	1.13	19.7	1.01	20.1	0.98	19.6	1.01
Admissions/Average Daily Census	193.0	195.4	0.99	167.5	1.15	155.7	1.24	141.3	1.37
Discharges/Average Daily Census	191.3	193.0	0.99	166.1	1.15	155.1	1.23	142.5	1.34
Discharges To Private Residence/Average Daily Census	82.6	87.0	0.95	72.1	1.15	68.7	1.20	61.6	1.34
Residents Receiving Skilled Care	98.3	94.4	1.04	94.9	1.04	94.0	1.05	88.1	1.12
Residents Aged 65 and Older	86.4	92.3	0.94	91.4	0.95	92.0	0.94	87.8	0.98
Title 19 (Medicaid) Funded Residents	59.3	60.6	0.98	62.7	0.95	61.7	0.96	65.9	0.90
Private Pay Funded Residents	20.3	20.9	0.97	21.5	0.95	23.7	0.86	21.0	0.97
Developmentally Disabled Residents	0.0	0.8	0.00	0.8	0.00	1.1	0.00	6.5	0.00
Mentally Ill Residents	22.9	28.7	0.80	36.1	0.63	35.8	0.64	33.6	0.68
General Medical Service Residents	29.7	24.5	1.21	22.8	1.30	23.1	1.28	20.6	1.44
Impaired ADL (Mean)	50.5	49.1	1.03	50.0	1.01	49.5	1.02	49.4	1.02
Psychological Problems	50.0	54.2	0.92	56.8	0.88	58.2	0.86	57.4	0.87
Nursing Care Required (Mean)	3.9	6.8	0.58	7.1	0.55	6.9	0.57	7.3	0.53